

Participant's Name: \_\_\_\_\_  
 Address (include city, zip): \_\_\_\_\_  
 Age: \_\_\_\_ Grade: \_\_\_\_ Phone #: \_\_\_\_\_ Parent's Cell #: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Shirt size (circle) s m l xl (adult sizes)

\$5.00 HANDLING FEE IF REQUEST FOR REFUND IS MADE BEFORE THE PROGRAM BEGINS  
75% REFUND IF REQUEST FOR REFUND IS MADE AFTER 1<sup>ST</sup> WEEK OF PROGRAM  
50% REFUND IF REQUEST FOR REFUND IS MADE AFTER 2<sup>ND</sup> WEEK OF PROGRAM  
0% REFUND IF REQUEST FOR REFUND IS MADE AFTER 3<sup>RD</sup> WEEK OF PROGRAM